

VILLAGE OF INDIAN HEAD PARK
REQUEST FOR PUBLIC RECORDS – INDIAN HEAD PARK POLICE DEPARTMENT
UNDER THE FREEDOM OF INFORMATION ACT 5 ILCS 140/1 et seq.

Name of Organization (if applicable)		Business Phone# (____)	
Requestor's Name		Daytime Phone# (____)	
Address (Street and Number)		Home Phone# (____)	
Town	State	Zip Code	E-Mail Address

☐ I wish to **inspect** these items.

Date of Incident: _____

Type of Incident: (Please circle one)
Crash Report, Incident Report or Arrest Report

☐ I would like **copies** of these items.

Case Report#: _____

☐ I would like to receive the documents electronically, if possible.

☐ I would like to receive the documents by facsimile, if possible.

Pursuant to the Freedom of Information Act describe in detail the public records being requested
(attach additional sheets, if necessary)

Is this request for a commercial purpose? Yes _____ or No _____

Signature of Requestor

Date

Village of Indian Head Park – Freedom of Information Officer
201 Acacia Drive, Indian Head Park, IL 60525
Telephone # (708) 246-4534 Fax # (708) 246-9357

Curt Novak, Police Sergeant

FOR OFFICE USE ONLY

This section to be completed by the Freedom of Information Officer fulfilling this request.

Date request form received: _____ Photocopy Charge \$ _____
(If applicable)

Deadline to respond: _____ Date response provided: _____

Form# 3/2014